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Lifting Alterations for Osteolysis Distal Clavicle

Since most athletes find it difficult to eliminate the bench press from their routine, most of the specific modifications of weight training techniques involve narrowing the hand spacing on the barbell (less than 1.5 times the bi-acromial width (AC joint to AC joint) and controlling the descent phase of the bench press to end approximately 4 to 6 cm above the anterior chest. Some patients may find that placing towels on their chest as spacers may reinforce this restriction. The narrower handgrip allows the athlete to make adjustments to the component angles of the bench press by maintaining shoulder abduction at less than 45° and shoulder extension at less than 15°. This then decreases the compressive force on the distal clavicle.

The power clean, although a rather full-body functional exercise, does place significant stress on the AC joint during the “racking” phase. In this part of the exercise, the shoulders are shrugged, the elbows flexed, and then the shoulders are abducted to bring the bar up into a “racked” position.

If the athlete is suffering from an AC joint injury, the power clean should be modified to allow only the pulling portion of the lift without racking the bar—an exercise termed a “power clean high pull” or “power pull.” The key to this motion is that the athlete still gains a lower extremity benefit but avoids additional AC trauma that can be associated with a mistimed lift. The preferred way to perform the exercise is to adjust the exercise machine or starting position so that the elbows are even with or above the frontal plane when beginning the lift and during repetitions (Honing technique).

Some people will eliminate the bench press, dips, and push-ups. They will instead perform these alternative recommendations of the cable crossover, dumbbell decline press, and incline press with straight bar. All pressing motions are performed with a narrow grip, no greater than 1.5 times the bi-acromial width.



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